

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **2852-62-037194**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **317** Primary Registration District No. **541** Registrar's No. **2852**

**FILED OCT 11 1962**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>1 HR.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. Louis Co. Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>10626 Landseer Dr</b>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Elmer Joseph Saake Sr</b>			4. DATE OF DEATH Month Day Year <b>10-1-1962</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-24-1905</b>	9. AGE (last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales Representative</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Automotive Parts</b>		11. BIRTHPLACE (City and state or country) <b>ST. Louis Mo</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Anton J. Saake</b>		13b. MOTHER'S MAIDEN NAME <b>Emma K. Ochler</b>	
14. NAME OF HUSBAND OR WIFE <b>Frances</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Frances Saake</b>		18. ADDRESS <b>10626 Landseer</b>		19. INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Auto coronary thrombosis</b>		DUE TO (b) <b>Coronary thrombosis: 1955</b>		DUE TO (c) <b>Arteriosclerotic heart disease &amp; coronary artery disease</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>ST. Louis Mo</b>			
21. I attended the deceased from <b>1953</b> to <b>10-1-62</b> and last saw him alive on <b>9-25-62</b>		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b>		22b. ADDRESS <b>832 12th. Broadway (S)</b>		22c. DATE SIGNED <b>10-2-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10-4-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		23d. LOCATION (City, town, or county) (State) <b>ST. Louis Mo</b>	
24. FUNERAL DIRECTOR <b>O'Sullivan Muckle Kron</b>		25. DATE RECD. BY LOCAL REG. <b>10-3-62</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

L. F. Weyers  
8321 916 Broadway  
Toll 4.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Albert Mayfield*

Licensed Embalmer No. 3077

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.